الأسئلة التي تم ذكرها في المحاضرات والعملي (ENT)

انها أسئلة مهمة للإمتحان)

1- Landmark of normal tympanic membrane.
2- Atrophic rhinitis.
3- Signs of maxillary sinusitis.
4- The draw of (dr. A. A. Alatab) in anatomy of nose,,
   The most important is the lateral wall,
   Also the ethmoidal air cell (Ager Nasi Cells , " haler " cell and onodi cells)
   (Information are in the power point)
5- The pathology of the sinusitis .
6- Spheno ethmoidal recess.
7- Mucolytic nasal drops → rhinitis medicamentosa
8- Nasal septum hematoma … definition
9- Alkaline F.B → liquifactive necrosis
   Acidic F.B →coagulative necrosis (MCQ)
10- T.B is located posteriorly in larynx…Why??
   Ans.\ 4 causes…
   a- The mucosa is folded posteriorly
   b- Pyriform fossa …clinically lymph nodes enlargement precede dysphagia
   c- The mucosa is not firmly adherent to the epiglottis cartilage
   d- Higher level
11- Nasopharyngeal carcinoma, otalgia
12- Cranial complication of chronic otitis media → petrusitis (important)
13- Dehecent of facial canal (MCC congenital anomalies of middle ear) (MCQ)
14- Post auricular swelling
15- Pyriform fossa carcinoma…. (early symptoms are the LN enlargement and pain in the ear).
16- Reink space
17- Plammer venson syndrome
18- Ulcers of the mouth (mention the causes of ulcers in the pharynx)
   (write it in the way of congenital, traumatic, inflammatory, neoplasm)…
19- Indication of tonsillectomy
20- Tumours → malignant
21- Signs of chronic tonsillitis
22- Medial and lateral relation to tonsil (oral Q.)

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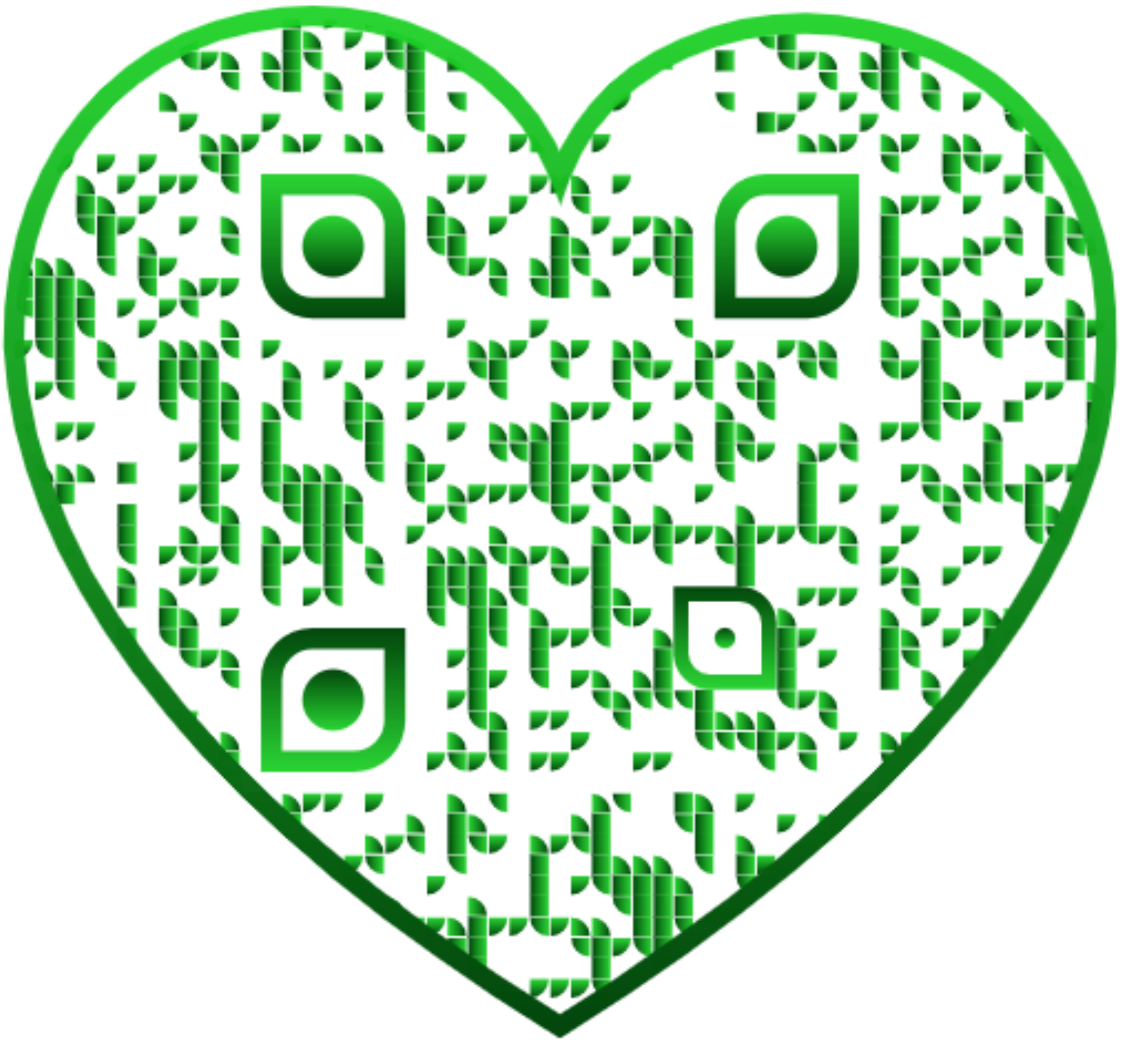

23- Complication of nasal obstruction
24- Anatomy of the ET.
25- Sphenopaltine fossa usually contain angiofibroma origin
26- Rhosin molar fossa
27- Causes of SNHL
28- Becc's triad
29- Totter triad
30- Treatment of pulmonary edema
31- Segments f facial nerve
32- Differentiate between UMN& LMN in facial paralysis
33- Anatomy of middle ear cleft
34- Epistaxis (causes)
35- Cycle of sinusitis
36- Anatomy of mastoid air cells ——→ ?
37- Complication of otitis media
38- Indication and definition of myringotomy
39- 2 types of brain abscess as complication of otitis media
40- D.D of swelling behind the ear
41- Tumours of external canal
42- Acute mastoiditis
43- The most common site of chronic otitis media is the lateral semicircular canal (MCQ)
44- Gressenger's sign → tenderness behind the ear (important)
45- Manifestation of brain abscess
46- TMN classification of laryngeal tumour ——→ ?
47- Weldier ring
48- Cleft palate (MCQ)
49- Acute epiglottis
50- Paralysis of pharynx
51- F.B (coin swallowing)
52- Acute specific pharyngitis (diphtheria and the complication)
53- Vocal cord is more important than the epiglottis in protection because it make a complete seal not partial as the epiglottis...
54- Apple core filling defect and rat tail esophagus appearance in X-ray.. when? (MCQ)
55- Viral otitis externa>>>when asked about it talk about the 3 types
    a- Herpis simplex
    b- Herpis zoster
    c- Bulleos myringitis
56- Traumatic tympanic membrane perforation

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57- Meniar's disease treatment is medical
58- Endolymph is formed in stria vascularis

From practical:

- Atrophic rhinitis
- All infection can make perforation in cartilaginous septum except one?? The syphilis because it make bone perforation
- Disorder of smell
- Hematoma in ear
- Contra indication of ear washing
- Land marks of normal tympanic membrane
- Laryngitis(atrophic- hypertrophic)
- Maxillary sinus carcinoma
- CHL&SNHL differentiation
- Earache
- Diphtheria
- Mention the membranous diseases of the pharynx and mouth
- Offensive discharge in what type of otitis media?? Unsafe type
- Common site of discontinuity in ossicles?? The junction between ancus and malleulus
- Pt. with anterior perforation and another with posterior one who hears better and why?
  The anterior>>>explain it by hearing physiology
- Treatments of posterior carcinoma not only radiological but explain it in details referring to the TNM classification…
- Mention the landmark of ear drum
- Acute otitis media definition and complication
- Acute rhinosinusites symptoms and signs
- Comparison between safe and unsafe otitis media
- Secretory otitis media (glue ear) , types ,etiology and treatment
- Menieres disease (clinical picture)
- Otosclerosis
- Laryngeal examination
- Facial nerve palsy (etiology and clinical types)
- Causes of hoarseness of voice
- Ear examination and investigation
- Cone of light

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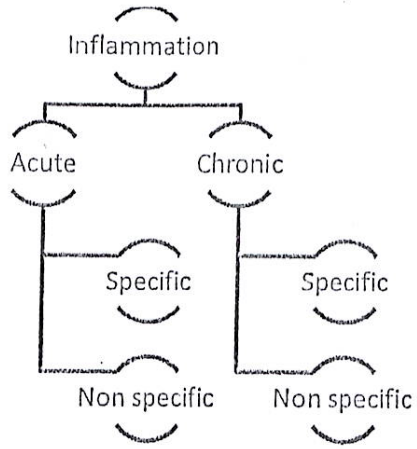
- The suppuration of the 4 pharyngeal spaces (clinical picture and how to open)
- Laryngeal edema treatment (بالترتيب) → (corticosteroid, intubation, laryngectomy)
- Symptoms of ear disease
- Audiometry
- Classification of (pharyngitis, laryngitis, rhinitis) (dr. Shehab question)*
  When this question given it means (tell the classification of inflammation)



Inflammation	rhinitis	laryngitis	pharyngitis
Acute Specific	Diphtheria	Diphtheria	Diphtheria Vincent angina Moniliasis
Acute Non specific	Influenza Common cold Acute rhinitis	Acute epiglottitis Laryngeo tracheobronchitis Acute laryngitis	Acute pharyngitis
Chronic Specific	TB Leprosy Syphilis rhinoscleroma	TB Leprosy Syphilis laryngioscleroma	TB Leprosy Syphilis pharyngioscleroma
Chronic Non specific	Atrophic rhinitis hypertrophic rhinitis	Atrophic laryngitis hypertrophic laryngitis	Atrophic pharyngitis hypertrophic pharyngitis

The most important is "Chronic Non- specific laryngitis"...

And the clinical picture of them...

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